2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

FILED May 03, 2004 08:00 AM Secretary of State

1. Entity Nam	MENT # P9200000915 ONSTRUCTION CORPORATIO			~	or successive of successive of successive of successive or		
Principal Plac 13617 SW 1 MIAMI, FL 3	42 TERRACE	lauling Address P.O. BOX 162451 MIAMI, FL 33116		 	a (2)(3 ((0)) aa(); vai() 0)(III 4812 8413 1818 1818 1818 8118 8118 18 881	
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent				04292004 No Chg-P CR2E034 (10/03) 4. FEI Number			
SEIJAS, VICTOR F JR 1225 SW 87TH AVE MIAMI, FL 33174				DO NOT WRITE IN THIS SPACE			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature fixed is primed name of registered agent and the it approaches. (NOTE Registered Agent signature required when reinstating) DATE							
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution				5.00 May Be ided to Fees			
TITLE NAME SIPEET AODRESS CITY-SI-ZIP WILE	PD SEIJAS, VICTOR F JR PO BOX 162451 MIAMI, FL 33416	CTORS			1407 (56) 69, 1732 (14)	7:46588 -30072-00:150.00	
NAME STREET ADDRESS CHY ST-ZIP							
NAME STREET ADDRESS CITY ST-ZIP					NOT W		
NAME STREET ADDRESS CITY ST-ZIP				IN .	THIS SI	PACE	
TITLE NAME STREET ADDRESS CITY ST-ZIP							
THE NAME STREET ADDRESS CITY ST-ZIP							
12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is tree and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee employeered by execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with the like empowered.							

NAME OF SIGNING OFFICER OR DIRECTOR